

Seeking Consumer Logo Designs for the Connections for Life Through Employment and Education Annual Conference

The planning committee for the Connections for Life Through Employment & Education conference (Connections) is currently seeking original consumer logo design submissions. The selected logo design will be printed on the Connections conference materials such as the registration form, program and posters.

Over the past eight years, the Los Angeles County Department of Mental Health (DMH) and the Mental Health Commission have annually co-sponsored Connections. This conference, which will take place on April 2, 2014, provides inspiration and hope to consumers interested in pursuing employment, education, or volunteer goals. Workshops on employment and education topics are also offered in addition to resource tables with information about services and programs available in the community.

Logo submissions should meet the following criteria:

- A simple design. It may include words, designs, or a combination of both.
- Convey the message of the event which is hope, wellness and recovery through employment and education.
- Four colors or less.

Below are some examples of logos. These may not to be copied. All submissions must be original consumer designs.



Consumers who receive services from a DMH directly-operated or contract agency and who are interested in designing a logo for the conference need to submit the following by **Friday, November 22, 2013** to Cindy Hsiung by email at chsiung@dmh.lacounty.gov or faxed to (213) 637-2336.

1. Logo Design Submission Information Form
2. A digital photograph (jpeg file) or a Microsoft Word file containing the logo design.
3. A signed MH 677 Authorization for Use/Disclosure of Protected Health Information for Anti-Stigma Campaign form.

The Connections planning committee will select the logo that best depicts the event's purpose and contact the consumer and/or the staff contact on the Logo Design Submission Information Form to inform them of the selection.

If you have additional questions please contact Kecia Coker at (213) 251-6506 or kcoker@dmh.lacounty.gov.

Connections for Life Through Employment & Education Logo Design Submission Information Form

Consumer's Name:
Consumer's Phone:
Consumer's Email:
Information about the original logo design (e.g. size, materials used, etc.):
Mental Health Agency Name:
Mental Health Staff Name:
Mental Health Staff Phone:
Mental Health Staff Email:

**AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH
INFORMATION (PHI) FOR SUCCESS/RECOVERY STORIES
COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH (LACDMH)**

I authorize the use and disclosure of my protected health information (PHI) as described below:

CLIENT/INDIVIDUAL IDENTIFICATION

First Name

Last Name

Street Address

City, State, Zip

IS Number

Birth Date

Phone Number

DISCLOSING PARTY - RECIPIENT OF PHI

This authorization allows, at no cost, for: The County of Los Angeles through LACDMH, to use and/or disclose my PHI as described below to legislators, MHSA community stakeholders, the media, and the general public, which could include newspapers and/or County/local community television channels, including posting on DMH's internet website. I acknowledge and understand that such use and disclosure of my PHI may include, but not be limited to, display and distribution of my name; image; likeness; voice; my personal story of recovery; and/or artwork, photos, materials, documents, or writings created or prepared by me.

REDISCLOSURE NOTICE:

I understand that my PHI which is used or disclosed pursuant to this Authorization may no longer be protected by Federal Law and could be further used or disclosed by the recipient without my authorization. I also understand that once my information is disclosed, it may not be possible to retrieve.

PURPOSE OF PHI DISCLOSURE

Purpose of Disclosure:

MY PHI may be used in various forms, including: advocacy, literary publications, electronic publications, Internet publications, public relations materials, anti-stigma campaign, educational materials, and/or training materials.

Neither the County of Los Angeles, LACDMH nor any person signing this Authorization

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will receive any direct or indirect remuneration.

NOTICE

COPY OF THIS AUTHORIZATION: I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

CONDITIONS: I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment.

Special Notice to paid or non-paid staff including volunteers, interns, contractors, locum tenens, peer advocates, and mental health consumers who act as volunteers for LACDMH and consumers and their families: LACDMH will not take any intimidating or retaliatory acts against anyone who does not wish to disclose their PHI or sign this Authorization.

EXPIRATION DATE

Expiration Date: This authorization is valid until: 9/16/2018

I have had an opportunity to review and understand the content of this Authorization form. By signing this Authorization, I am confirming that it accurately reflects my wishes.

X _____ X _____
Signature of Client/Individual/Personal Representative **Date**

If signed by other than client, state relationship and authority to do so: _____

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REVOCATION OF AUTHORIZATION: I understand that I have the right to revoke this authorization at any time in writing. I may use the Revocation of Authorization Section of this form, mail or deliver the revocation to Kathleen Piché, LAC-DMH Public Information Office, 550 S. Vermont Ave., 12th Floor, Los Angeles, CA 90020. I also understand that a revocation will be effective upon receipt as to prevent future uses of my PHI, but will not be effective as to uses and/or disclosures of my PHI already made in reliance on this Authorization.

REVOCATION OF AUTHORIZATION

Signature of Client/Individual/Personal Representative **Date**

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